

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Employment Administration**CANCELLATION OF VISA DEBIT OR DIRECT DEPOSIT**

Use this form to cancel payment of your current Unemployment Insurance Benefits to your Visa debit card or direct deposit account. Once cancelled, the remainder of your Unemployment Insurance benefits will be sent as a physical check to your mailing address on file with the Arizona Department of Economic Security, Employment Administration. Please complete the requested information and mail completed form to the address below.

NAME (Last, First, M.I.)		SOCIAL SECURITY NUMBER
CURRENT ADDRESS (No., Street, Apt. No.)		
CITY	STATE	ZIP CODE

Visa Debit Card

- ☐ I authorize the Arizona Department of Economic Security, Employment Administration to terminate any future payments of my Unemployment Insurance benefits to the JP Morgan Chase Visa debit card.

Direct Deposit

- ☐ I authorize the Arizona Department of Economic Security, Employment Administration to terminate any future payments of my Unemployment Insurance benefits to my direct deposit account.

SIGNATURE	DATE
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MAIL COMPLETED FORMS TO:

**Arizona Department of Economic Security
Employment Administration
P.O. Box 21106
Phoenix, AZ 85036-1106**

This address is to be used ONLY for mailing the Debit Card/Direct Deposit form. Other correspondence or materials mailed to this office may result in a delay to the intended recipient.

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager.; TTY/TTD Services: 7-1-1.